LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III. LOUISVILLE, JUNE 2, 1877. No. 22.

A PLEA FOR WOMEN.*

(TRACT I.)

Wisdom is better than weapons of war: but one sinner destroyeth much good.—ECCLESIASTES ix, 18.

Wherefore, by their fruits ye shall know them.—MATHEW vii. 20.

It has been suggested by the editor of an American medical journal that a series of "well-written sanitary tracts" might accomplish a very important work in spreading abroad a practical knowledge of hygiene; and we avail ourselves of the suggestion, although we fear that the fastidious author of the plan will not acknowledge that our productions have any claim to the one qualification which he has named. In truth, we are not about to write a tract upon a sanitary subject—that is, in the ordinary acceptation of that term—although it is undoubtedly true that our subject is one which exercises a vast influence over the most important class of this world's inhabitants.

We would enter a plea in behalf of women, and would shape it as a protest against that interference with the female organs of generation which, during the past twenty years, has grown to such vast proportions that it is quite within the bounds of reason to state that at least seventy-five per cent of women are supposed to have or to have had some uterine disease.

Many and ingenious are the methods which have been devised for calling attention to this class of diseases. Books by the score have been written, which, bordering upon the erotic, contain medical advice to maids, wives, and mothers; and even on the pages of medical text-books and medical journals subjects are treated which, so far as the interests of women are concerned, had better by far never have been written.

To all disorders of a social character society applies the remedy. For years the diseases to which the human female is liable having been made the means by which certain professional persons strove to attain notoriety, the sexual life of women was robbed of its sanctity. Her ills furnished simply an extended field for experiment. Lives were ruthlessly sacrificed to theories; and so great became the evil that society at last applied the antidote, and women were educated in order that they might treat professionally the sexual diseases of women.

But even this has been found to be insufficient to check the evil. There seems to exist an innate desire on the part of the vast majority of medical men to be considered gynecologists. To be a gynecologist one must have cases; such cases can be obtained from but one class of human beings; therefore the subject must be introduced into all physical examinations of which women are the subjects.

The medical men who desire to be known as oculists are in proportion surprisingly few. Is the eye an organ of greater importance than the uterus? Can the knowledge and skill required to treat diseases of the eye be acquired but by a few, while all have brains sufficiently enlarged to master the uterus?

The difference between the two specialties is simply this: a surgical injury to the eye is an everlasting advertisement of failure, which is constantly before the public; but a surgical injury to the pelvic organs, from the very order of nature, is concealed.

One set of operations are made in the

*By mistake Tract III of this series was published first

open light of day, the other in the privacy of the closet.

While both classes of operators should be fully impressed with a sense of their professional obligations, every sentiment of nature demands that the very highest scientific attainments should be mastered by those who may attempt to relieve the physical ills of women.

Nine months of residence within uterine walls may be sufficient to transform an impregnated ovum into a living, sentient being; but nine months' residence within the arms of any *alma mater* is insufficient to transform a cobbler or a plow-boy into a gynecologist.

While we shall proceed to treat of the sexual indignities to which women have been subjected, and while we shall permit the inference to be drawn that some of the diseases to which the human female is now liable result from such interference, we do not design that it shall be inferred that the science of gynecology is other than a boon to women; and we desire to draw the distinction so markedly between those who are masters of the science and those who pretend to possess that which they have never acquired, that this fact may be evident not only in this but in each succeeding tract.

Gynecology is a science which is safest in the hands of specialists; *i. e.* practical men, who have devoted sufficient time to the study of the subject to master the details, and who have acquired experience in the wards of hospitals; men who have the nerve to act or to decline to interfere, as the best interests of their patients demand; men whose interest in the profession is beyond all personal consideration, and who seek no dubious measures to insure their reputation; men who labor simply to relieve the sufferings of women, and who inflict no tortures from a selfish desire to obtain notoriety; men who can never be charged with having taken human life by experiments from which they alone hope to obtain reward; men who have never subjected women to experiments the performance of which was a shock to their nature. "Wherefore, by their fruits ye shall know them."

Such men as Atlee, Peaslee, Thomas, Emmett, Goodell, Byford, Parvin, Dunlop, Yandell, and many other surgeons whose names are unknown outside their professional connections, have labored long and earnestly for the welfare of their patients; against them no charge of having shed innocent blood can be made.

But what can be said of the men who, selfish, obstinate, and ignorant, use whatever may come to their hands as rounds upon a ladder, which are forgotten and neglected as soon as used.

Truly one such sinner destroyeth much good.

Original.

GLYCERITE OF KEPHALINE.

BY DR. E. WILEY.

Kephaline is the name bestowed by histologists upon certain constituents of the brain. Dr. Polk applies it to the brain hypophosphites in their normal union with albumen and glycerine. As he is the originator of the compound thus designated, and gave it the above title, I will adopt his nomenclature with the above meaning. This phosphoid combination consists of the brain hypophosphorous acid and the brain hypophosphites of calcium, magnesium, sodium, and ammonium formed into solution, and preserved in chemically pure glycerine. Such being the pharmaceutical chemistry of this preparation, the therapeutical properties with which it is endowed will be recognized as nutrient and tonic. It will be of course indicated in all conditions of the system in which there is a deficiency of those constituents in the human organism. In loss of memory following intense mental action, whether of the emotions or of the intellect, or from sexual excesses or abuses, it very promptly restores the normality of brain power. The result has been so uniform and

unexceptional that there can be no question of doubt on this point. I have yet to witness the first failure to restore brain efficiency out of more than twenty cases.

In depreciated health following sexual excesses, and also in impaired procreative power, I have witnessed more satisfactory results from this than from any other agent. When we analyze the semen, the reason why it bestows these good offices is evident. Glycero-hypophosphorous acid, in association with the alkaline hypophosphites, constitute a large amount of the seminal fluid. Whatever entails a heavy loss of these must entail a heavy drain of these hypophosphites, and thus impose the injuries consequent upon the deficiency. We well know that abnormal or excessive sexually is very productive of phthisis, as also of insanity. And it is also a remarkable fact that those insane from other causes, notwithstanding the frequent deprivation of exercise, fresh air, and hygienic conditions conducive to health, are remarkably free from phthisis, while on the other hand nearly every one insane from masterbation die of tubercular pulmonary phthisis. The uniformity of this association of insanity, induced by masterbation and phthisis, proves conclusively a connecting link between the two, as also the loss of the vitalized hypophosphites in seminal fluid.

Apart from the results of chemical analysis of the lungs, blood, and brain of those dead with phthisis, the facts already adduced prove very conclusively that phthisis finds a prime factor in deficiency of the hypophosphites in the animal organism; but Dr. Polk, who has made phthisis a subject of careful study, and who I think erroneously believes he contracted phthisis from inoculation of a dissecting wound during an autopsy, has investigated the lesions of this malady, chemically and microscopically, has found that a deficiency of the hypophosphites was invariably present with those dead with phthisis, and the deficiency was more decided at the base of the base in the medulla oblongata and in the blood than elsewhere. He has also proved tubercles to be nothing more or less than blighted protoplasms. I have frequently seen him repeat the experiment of placing a drop of blood on the slide of a microscope, and add to it a fraction of a grain of hypophosphite of ammonium. The observation is very significant; the granules are excited thereby, and proceed to develop themselves into cells. Can we not find a reason for believing that a deficiency of the hypophosphites also is attended with an imperfect and an inadequate development of the granules into cells, and the cells into further elaboration, so as to take part in the morphological phenomena incident to life? The granules and leucocytes, being of a devitalized character, are incapable of further organization, reach the stagnant pool in the apices of the lungs, and there precipitate and constitute the body we call tubercle. The uniformity of the beginning of tubercular deposit in the apices of the lungs, and the relatively passive condition of this portion of the lungs in conditions attended with depressed nerve power may be said to be settled points in medicine, facts without opponents. But why comes this lung quiescence? The motor power of the lungs is largely derived from the medulla oblongata, and it is in the medulla oblongata that the deficiency of the hypophosphites is the more obvious. Consequently, the connection between lung quiescence and deficient phosphoids in the base of the brain is well declared. The pneumogastric is, however, the motor sensory nerve of the nutritive as well as of the respiratory function, and consequently the nutritive function will be modified by whatever modifies the function of the pneumogastric nerve. By the interlacements of filaments of the pneumogastric and great sympathetic the excitonutrient nerve system is formed. Whatever then modifies the pneumogastric will modify also the nutritive functions. Thus we see the acid condition of the duodenum first described by Bennett, the pancreatic deficiency of Dobell, the deranged condition of the organic nervous system first pointed out by Copland, are but consequences of deranged or diminished

power of the pneumogastric, arising from a deficiency of the phosphoids in those nerve masses which furnish the nerve influence necessary to the integrity of the functions of the organs to which the pneumogastric is supplied. We further know that tubercles in themselves directly produce only a small part of the disintegrating processes which supervene in the course of tuberculosis. Inflammation supervening as a secondary consequence of tuberculosis, leads to the exudation of inflammatory products; unless these exudations be vitalized by the phosphates of calcium and sodium into plastic lymph, they, instead of becoming organized, as do other inflammatory products, degenerate into cheesy masses, and excite ulceration and lung disintegration. Similar results also accrue in dropsy. If there be an adequate amount of the phosphates in the system to vitalize the exudations they may glue serous membranes together; but if they be deficient, empyema may result. We find such a termination in tubercular menengitis, peretonitis, and pleurisy.

I have now used glycerite of kephaline since August, 1872, and the results have been uniformly successful in the early stages of tubercular phthisis. Even after the lungs have become badly infiltrated, and yet before extensive tyrometous softening, I have seen also excellent results follow its use. I do not think I can say that I ever cured a case, but I am very positive that I have seen remarkable improvement follow its use, improvement more decided than I ever obtained from cod liver oil or any other remedy.

I recall two cases I treated in the fall of 1872 with glycerite of kephaline, a brother and a sister, living on South Fifth Street of this city. Both had had cough, mucopurulent expectoration, hemorrhages, night-sweats. Hugh, the brother, was placed on this agent in October, 1872. He rapidly improved, and in a few weeks imagined he was well, and discontinued treatment. Soon he was back under my care, and continued taking the medicine until May, 1873, when I placed him on cod liver oil. Although I can not say he is well, he enjoys a comfortable degree of health. The sister took the glycerite of kephaline for several months, and regained her usual flesh and strength. Her cough, however, still lingered, and consequently I can not deem either of these cases positive recoveries. One of the most decided cases is, however, in the person of Dr. Polk, the originator of this remedy. When I first knew him in 1872 he was an apparently hopeless case of tuberculosis. Under its use he sufficiently regained his health to accept a chair in 1874 in the Pennsylvania College of Pharmacy, and is now in the enjoyment of perfect health. I might tabulate a hundred cases, but the conclusion from these must be that glycerite of kephaline is almost specific in the first stage, superior to any other remedy in the second stage, and useless in the third, of tubercular phthisis.

PHILADELPHIA.

SEPARATION OF ARSENIC FROM ORGANIC MATTER.

[As conducted at the Laboratory of the University of Louisville, under the direction of C. J. Rademaker, M. D.]

REPORTED BY J. W. MILLER.

On the 7th of May an unknown woman was found dead, and a paper labeled "arsenic" was found on her person. The coroner being summoned, a jury was impaneled; said jury returned a verdict of poisoning by arsenic, with suicidal intent, because a package of arsenious acid was found in her pocket. After the verdict the coroner allowed us to make a post-mortem, which was done, and stomach and contents placed in a clean glass jar, and taken to the laboratory of the university for analysis. Said analysis was conducted before the class.

Upon opening the stomach this organ was found highly injected with blood over its entire surface. The contents was placed in a clean jar. After separating it from the stomach, a portion of the powder found in her pocket was also obtained, and placed in a clean jar. The powder was first sub-

mitted to analysis, and the following tests applied:

1. If a portion of the powder was placed in water the powder was not dissolved, but it left a greasy stain upon its surface.

2. The powder was soluble in aqua ammonia and hydrochloric acid.

3. If nitrate of silver was added to a solution of the powder in ammonia a yellow precipitate was produced.

4. If sulphate of copper was added to the alkaline solution a green precipitate was produced.

5. If sulphuretted hydrogen was passed into a solution of the powder in hydrochloric acid a pale yellow precipitate was produced.

6. If sulphide of ammonia was added to the acid solution a pale lemon-colored precipitate was produced.

The stomach was also destroyed by means of chlorate of potash and hydrochloric acid, and submitted to Reinsch's, Marsh's, and sulphurated hydrogen tests, which gave a very satisfactory result of the presence of arsenious acid in the coats of the stomach.

It was also impressed upon the class that the heat employed for dissolving the organic matter should not be too great, as there would be danger of driving off arsenic in the form of a chloride, as this compound of arsenic at an elevated temperature is so volatile that it may be distilled over without decomposition.

THE DISTINGUISHING TESTS FOR ANTIMONY AND ARSENIC.

1. Arsenious acid, with Marsh's test, gives a bright metallic mirror in the glass tube, and a bright metallic mirror upon a cold porcelain dish.

2. Antimony, with Marsh's test, gives a dark brown, almost black deposit of metallic antimony in the glass tube, and upon the porcelain plate.

3. The arsenious mirror is perfectly soluble in nitric acid; the antimonial mirror, when treated with nitric acid, gives a milky deposit of antimonious acid.

4. If sulphide of ammonium is added to the arsenical mirror, the arsenicum is not dissolved in the cold, but when heated part of the arsenicum is sublimed, and a pale lemon-colored precipitate remains.

5. If the antimonial mirror is treated with sulphide of ammonium it is dissolved in the cold, and when evaporated an orange-colored precipitate remains. (The sulphide of ammonium used is the dark yellow sulphide with an excess of sulphur.)

6. If sulphuretted hydrogen is passed into an acid solution of arsenious acid a pale lemon-colored precipitate is produced.

7. If sulphuretted hydrogen is passed over the milky deposit of antimonious acid, which has been produced by the action of nitric acid upon the metallic antimony, an orange-colored deposit remains.

Beside the above distinguishing tests we have the garlic odor peculiar to arsenic, and that peculiar odor of kokodyl, produced by the action of heat upon a mixture of acetate of potash and arsenious acid.

Arsenious acid, when sublimed, generally crystallizes in octahedral, its unusual form being needles. Antimonious acid generally crystallizes in needles, its unusual form being octahedral. From this it will be seen that crystallization can not be considered a distinguishing test at all.

8. A piece of bright copper boiled in the acid solution of the powder gave a metallic deposit upon the surface of the copper.

9. With Marsh's apparatus the powder gave a metallic deposit in the glass tube, and when the gas that was evolved was ignited, and a clean porcelain plate or dish was held in the flame, a metallic mirror was deposited upon the dish. These metallic deposits were soluble in nitric acid; and if into this acid solution a current of sulphuretted hydrogen was passed a pale lemon-colored precipitate was produced.

10. This metallic mirror was insoluble in sulphide of ammonia, but when heated with it part of the mirror was sublimed, and a pale lemon-colored precipitate was left.

These tests, taken collectively, were conclusive proof to us that the powder was arsenous acid.

The contents of the stomach was next submitted to analysis, and he impressed upon the class the necessity of first destroying the organic matter with chlorate of potash and hydrochloric acid before proceeding to apply any of the tests for arsenic; and also, that the same rule holds good with antimony; for if this precaution is not taken, there would be such foaming of the liquid, especially when Marsh's test was applied, that the test would of necessity be a failure.

After all the organic matter had been destroyed with chlorate of potash and hydrochloric acid, part of the contents was submitted to Reinsch's test, which gave a metallic deposit upon copper.

A second portion of the contents was submitted to Marsh's test, which gave a metallic mirror upon porcelain; this mirror was insoluble in sulphide of ammonia.

A third portion was treated with sulphuretted hydrogen, which gave a lemon-colored precipitate.

Miscellany.

THE first annual meeting of the American Dermatological Association will be held at Niagara Falls on the fourth day of September next. "The titles of all papers to be read at any annual session shall be forwarded to the secretary not later than one month before the first day of the session."

JAMES C. WHITE, M. D.,
President,
LOUIS A. DUHRING, M. D.,
ROBT. W. TAYLOR, M. D.,
Vice-Presidents,
L. DUNCAN BULKLEY, M. D.,
Secretary,
JAS. NEVINS HYDE, M. D.,
Treasurer.

AT a meeting of the Medical Board of the Louisville City Hospital the following officers were elected for the ensuing year: Dr. J. A. Octerlony, president; Dr. R. H. Singleton, vice-president; Dr. Edward Von Donhoff, secretary and curator of the pathological museum; Dr. F. C. Wilson, microscopist.

A DANGER TO BE AVOIDED.—A physician in Canada ordered *hyd. chlor.* in a prescription, which was an unpardonable blunder. The compounder put up corrosive sublimate, which was worse than a blunder. The patient, a lady, had a narrow escape, her life being saved by vomiting almost immediately on swallowing the poison. Again and again, whilst writing prescriptions containing that agent the danger of such an error has presented to our mind. The rule should be religiously observed never to abbreviate the words, but always to write in full, *hydratis chlorali*, otherwise to put it in plain English. —*Pacific Medical Journal.*

FOTHERGILL, after discussion of the causes of sleeplessness, tabulates as follows the remedies which have been hitherto most highly recommended for this complaint:

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, aconite and antimony are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain exhaustion, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5. Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*Boston Medical and Surgical Journal.*

PENNSYLVANIA has decided that medical students attending her University must study harder and remain longer. No more diplomas will be granted until the students can tell baking-powder from quinine.

TEN DAYS WITHOUT FOOD.—Another contribution to our knowledge of the length of time human beings can survive without food has been furnished by an accident in a Welsh coal-mine. An influx of water from an old working caught nine men and imprisoned them in one of the higher levels of the pit. Believing that some of the men were alive, large pumps were fitted to the pit, but were found to be ineffectual. It was then determined to cut through forty yards of solid coal lying betwixt the imprisoned men and an accessible point. This undertaking took several days, but they had not gone far before they heard the knocking of the imprisoned men. At last the men were reached and all recovered alive. For ten days they had been immured, absolutely without food, except some grease which they licked off their candle-box. They had some muddy water, which at first they could not taste, but in time they were glad to drink occasionally. When recovered they were in a much less exhausted condition than was anticipated, and some even were able to walk away themselves into the new cutting make for their escape. Four men were lost somewhere else, but the five who were found were all of them comparatively strong. They were just coming out when the water caught them; so it may be inferred they were all with empty stomachs to commence with.

The circumstances which have kept them so vigorous after this long fast are probably these: The men, as a rule, made almost no exertion which would have tended to produce earlier exhaustion. They were in a pit which is, as is well known, of a high temperature; so that their body-heat was easily maintained. They were up to the last few hours dry, and not in water, which would rapidly have drained away their body-heat. Coal is a very bad conductor of heat, so they were not unfavorably surrounded. They were in total darkness most of the time after their candles went out, and that might have reduced their chemical combustion somewhat. The compressed air in which they were might have been supposed to have increased their chemical interchanges; but probably that air was soon rebreathed, so that its oxidizing power was diminished. Probably, if the air had not been highly compressed, they might have perished of cold from imperfect oxidation. So far as is yet known, this long immersion in compressed air has had no injurious effects upon the lungs.—*Ibid.*

LOVE POTIONS—ANCIENT AND MODERN.—Dr. Charles A. Cameron writes, in the February number of the Dublin Medical Journal: Philters seem to have been used from an early period by the Greeks and Romans; and among the latter, during the period of the empire, their manufacture was carried out upon a large scale, and their sale conducted openly. It need hardly be said that their use resulted in madness, imbecility, and physical disease, instead of the effect they were warranted to produce. Caligula's madness was by some attributed to philters administered to him by his wife, Cæsonia, for the purpose of retaining the tyrant's affections. Lucretius is also said to have been deprived of his reason by a love potion. In the Middle Ages we find few references to philters, but in modern times deaths from their administrations occasionally occur. In the case of the Queen against Manifold, for murder, tried at the Wicklow Summer Assizes, 1875, the prisoner was accused of having poisoned a girl (his sweetheart) by administering to her phosphorous paste. He was acquitted, but the popular impression was that the phosphorous had been given to the girl as an aphrodisiac. Many persons have come to me with articles of food and drink for examination, under the impression that they contained drugs intended to excite the sexual appetite; but though I looked for cantharides, and other so-called aphrodisiacs, I never found any.

OBITUARY.—Died, at his residence, in this city, on the morning of the 25th inst., Dr. S. H. Hornor, in the forty-second year of his age.

PROFESSIONAL CONSULTATIONS.—A correspondent in the British Medical Journal complains that remarks are made and opinions expressed which, intentionally or inadvertently, indicate the diagnosis, prognosis, or treatment of a case before the consultation properly so called has taken place. He maintains that the consultant should defer any indication of opinion to the patient or friends till, having heard the history of the case and examined the patient for his own decision, he has conferred privately with his colleague, and is at liberty to express his judgment at large; for by a consultation he understands the mutual discussion and counsel of those who are engaged to assist in the treatment of a patient by every practicable means. It would be preposterous to assert that consultations are so conducted usually, and he believes a large section of the profession would agree with him that all these details are continually ignored.

In his young days he often had the advantage of meeting Sir Benjamin Brodie in consultation, and had a grateful recollection of the kind and considerate manner in which he acted toward him; how delicately he indicated to the patient or his friends any divergence of opinion, and how graciously he sustained him in the confidence of his patient; how he always insisted that whatever he advised was the result of their joint consideration and concurrence, and ratified it by both their signatures.

Now, when one consults in an anxious or doubtful case, what a contrast! The nature of the case declared during the examination, as abruptly followed by the advisable treatment and the probable result, without any consultation or audience even, and therefore with little or no regard to one's own opinion and previous advice; and, as has happened to me more than once, the dictum *ex cathedrâ* met by the remark that the treatment suggested, or rather ordered, had been tried already and failed.

When we consider the momentous importance of a careful and exhaustive consultation in an anxious and difficult case in which the highest talent is engaged, a large fee does not appear excessive; and he had no hesitation in saying that it would be cheerfully paid, in the assurance that neither time nor trouble would be spared in the investigation. What can be more galling to a medical man who has given long and anxious consideration to a case, and expressed a decided opinion on it, than to have that opinion directly negatived by a consultation of a few minutes' duration, in which the case is but half considered? Personally, he has experienced that mortification more than once or twice, and consequently does not feel very ready to suggest consultations. He has also on several occasions lost his patients through the delusive hopes suggested by consultants. Now, though he does not impute improper motives, the event has occurred so often that he finds his faith rudely assailed.

RESOLUTIONS UPON THE DEATH OF DR. HORNOR.—At a meeting of the physicians of this city, held to pay their tribute of respect to the memory of the late Dr. S. H. Hornor, Dr. G. W. Ronald was elected chairman and Dr. W. H. Bolling secretary.

Drs. Coleman Rogers, Palmer, Garvin, and Bailey were appointed a committee to draft suitable resolutions.

The following resolutions were read and unanimously adopted, viz.:

In times of profound distress, when death robs a household of one who was its very light and cornerstone, it is but fitting that the former friends and associates of the deceased should assemble together in order to pay some tribute of respect to him whom in life they honored, and whose memory they will ever love to cherish. Though such attestations of regard can not in the least suffice to fill the aching void occasioned by his loss to those most near and dear to him, yet it is hoped they may serve in some measure to assuage their grief.

We, the physicians of Louisville, meet this morning to take some action in reference to the death of our late associate, Dr. Samuel H. Hornor. Dr. Hornor, if not known to all, was to most of us. His gentle, modest, and retiring disposition did not permit him to be a man of the crowd; but, though always feeble in physical health, when duty called him he was equal to the emergency, and never shirked it.

As an army officer he was prompt and diligent, exacting the respect and confidence of those above and below him; as a physician, skillful; as the head of his family, kind and considerate; and as a man, above reproach. Possessed as he was of a thoughtful and philosophical mind, of scholarly attainments and remarkable energy, had not that most relentless of all diseases claimed him for a victim he was destined to be a shining ornament to the profession of his choice; and for that profession he had an abiding and enduring love.

From the onset of his last illness to its close he watched its progress with the eye of a physician and with a calmness that was beautiful in its bravery. When death approached to close the scene he met it with Christian fortitude and with the consciousness of a life well spent. Though thus snatched away in the very flower of his manhood, Dr. Hornor leaves to his family the precious heritage of an untarnished name.

Be it resolved, That in the death of Dr. Samuel H. Hornor the medical profession of Louisville has lost an honored member, and this city an esteemed and upright citizen.

Resolved, That we attend the funeral of Dr. Hornor from Christ Church next Sunday afternoon.

Resolved, That a copy of these proceedings be furnished the daily papers for publication, and that one be sent to the family of the deceased.

C. ROGERS, *Ch'n*,
S. H. GARVIN,
E. R. PALMER,
W. H. BAILEY,
Committee.

W. H. BOLLING, *Sec'y.*

A PHASE OF THERAPEUTICS STRANGER THAN (IF NOT) FICTION.—We seem to be far from having reached the end of the therapeutic art; indeed it would appear that we are but on the threshold of a new line of inquiry of a startling character. A telegram in the Daily News in Easter week briefly stated that a number of medical gentlemen had waited upon a M. Burg, in Paris, to witness the effects of the application of metals to the external surface of the body. M. Charcot, with a number of eminent *confrères*, and Professor Ferrier and Mr. Ernest Hart, witnessed M. Burg's novel measures. These consist of the application of a band of disks of metal to the skin of certain patients. These patients were affected with semi-anæsthesia; and there was not only loss of sensation on one side, but there was also a fall of temperature. M. Charcot passed long needles right through the thigh, the cheek, and down the web of the fingers of the affected side, and twisted the needle about most effectually without the slightest evidence of sensation being produced. In addition to this there was no bleeding from the orifices. The test was very thorough, and was applied to some new patients as well as those who had been some time under care. After this belts of disks of various metals were applied to the patients for a quarter of an hour, when a total change was found to have been induced. The slightest prick of the needle not only elicited evidences of acute sensation, but the pricks bled readily and the temperature rose. The results were only brought about when the proper metal for each patient had been applied. Thus, in one iron disks would induce the change; in another, copper disks; while in others silver, platinum, or gold disks were required; one metal alone having this curious power over each patient. The possibility of the whole thing being merely an hysterical affair was negatived by the nature of the experiments made. If the metal disks were covered on the side applied to the skin with a thin covering of wax, out of the patient's sight, so that there could be no collusion, no effects were produced; demonstrating that the effects are not the mere result of imagination.

The most curious and inexplicable part of the whole affair has yet to come. After these metal belts had been wound round the limbs of the affected side, and that side had been restored to its normal condition, the anæsthesia passed over to what had been before the sound side. Needles could be passed into the tissues without eliciting pain or drawing blood, just as was the case before with the affected side. The whole thing appears incredible if it were not supported by the testimony of persons of unimpeachable veracity, who themselves admit that they are not provided with any hypothesis to explain these extraordinary phenomena. A commis-

sion has been appointed in Paris to thoroughly investigate the whole subject, and to subject the patients to every possible test, in order to establish or explode the matter. For many years M. Burg has been regarded as an object of suspicion as to the reality of his experiments and the *bona fide* of his operations, but at last the matter is to be cleared up. The practical value of thus finding out the metal to which a patient is susceptible is that it furnishes a clue to the internal administration of remedies. For instance, M. Burg had a patient suffering from persistent aneurism where the administration of iron was of no avail. By means of the application of these belts of disks it was ascertained that gold was the metal for which this patient had an elective affinity, as it were, and the administration of gold internally soon led to a perfect cure. If these observations be corroborated and confirmed, even the most recent treatises upon therapeutics will have to be rewritten, and our therapeutic measures in many respects simply revolutionized. The progress of the inquiry instituted by this commission will be watched with the keenest attention by the whole of the profession.—*London letter of Philadelphia Medical Times.*

Selections.

THE TREATMENT OF CHOREA.

The following abstracts are from a paper, by Dr. Howship Dickinson, published in the London Lancet for April, 1877:

Chorea, then, as far as concerns its individuality as a disease, must be dealt with neurotically, though general is often more to the point than special treatment, as it may be needful to prevent a patient dying of a disease before we can attempt to cure him of it. In severe and acute cases, where the patient is being worn out by incessant movement and want of sleep, liberal feeding, stimulants, and the means of procuring timely slumber—the bromides, opium, or chloral—may enable him to tide over a period of mortal peril. Next comes the use of bodily restraint. The violent and erratic movements of chorea appear to be one mode at least by which the exhausting effect of the disease is produced; and the improvement which follows upon their mechanical control suffices to show that some at least of that effect is due to the actual movement, while perhaps some may be attributed to the muscular attempt, which the bandage makes futile but does not prevent. Added to this, restraint is important in preventing the excoriations and sores which the jactitation causes, and which may contribute perceptibly to the typhoid prostration, which is one of the worst phases of the disease. A sufficient measure of controllment may be sometimes obtained by merely tying the feet together and firmly fixing the upper sheet. A more effective arrangement is an embankment of pillows along each side of the bed closely adapted to the patient, who lies in the trough between. In extreme cases it may be necessary to fix the limbs with splints. A well-padded splint, such as is used in hip-disease, reaching from the axilla to the ankle, is placed along each side of the body, with the arm bandaged to the outer and the leg to the inner aspect. The child, excepting that he can still make faces, has little more power of movement than a mummy, and resembles a Swiss baby within its encasement, which can move nothing but the eyes. Any thing which causes alarm or distress is to be scrupulously avoided, but the agitation of the limbs is in itself a source of great discomfort, and any gentle means of preventing it is usually acceptable to the patient.

In less severe cases mere rest in bed will do much, and occasionally all. Chorea will almost always improve up to a certain point, sometimes to recovery, under the simple influences of rest and time. These, and now and then a purge, may be all that is needed. A word as to aperients may precede what has to be said touching special modes of treatment. Constipation belongs to several nervous disorders, of which chorea is one. It is perhaps rather a result of the chorea than its cause; nevertheless purging does distinct good and sometimes is the only medicinal process needed.

Passing now from medicine in general to medicine in particular, I am bound, with regard at least to the acuter forms of the disease, to give the first place to the sulphate of zinc. This is no novelty in practice; what novelty pertains to it is the denial of its use in chorea. I believe I am not to be generally charged with therapeutical credulity, and upon this point I should not have ventured to express a confident opinion were it not that I have had more than ordinary opportunities of correcting by experience any errors into which I may have fallen. Many metals—antimony, arsenic, iron, and zinc—markedly influence the disease in question. Antimony perhaps controls the jactitation of severe and recent chorea in the most immediate manner; but it must be given largely to be effective, and so used it adds to the prostration of the patient, and sometimes, I believe, is the chief cause of a fatal result.

Zinc in Chorea.—Zinc stands next in the order of efficiency. To be of use it must be given in large doses. A grain of the sulphate may be given three times a day, or in a very severe case more often, and a grain added to each dose every day until the dose amounts to between fourteen and twenty-six grains. Thus administered and sufficiently diluted it causes no sickness nor any prominent effect but the abatement of the jactitation and grimace. A scruple or rather less is commonly a sufficient dose, but much more may be given. In an exceptionally severe case, of which the subject was a girl of seven, I gave with apparent advantage, and certainly without harm, a dose which at last reached forty-five grains three times a day, or one hundred and twenty-five grains in the twenty-four hours. Under this the child became able to talk, feed herself, and walk, none of which she could do before. The greater amount passes off by the bowels, and the metal can be recovered from the fæces. I have not succeeded in finding a trace in the urine, so that probably but a small proportion is absorbed; though from the greater effect upon the nervous system of large doses than small, it is probable that the quantity absorbed bears some relation to the quantity swallowed. As touching the curative effect, it may be said that a course of treatment which lasts necessarily for a fortnight secures Time as its ally, in acute diseases no unimportant auxiliary. But chorea is a disorder of infinite duration. The zinc may be begun at any period until the acute form has merged into the chronic, and I have often been able to assure myself that recovery dated from the beginning of the remedy, and not from the beginning of the disease. I have often recognized, as I thought, an early effect of the zinc in a peculiar brightness and clearness of complexion; to be succeeded, if the drug be long continued, by marked anæmia. It is hence often advisable to associate with the zinc an unaugmenting dose of sulphate of iron. With the subsidence of the chorea the zinc may be gradually withdrawn, and the iron at last continued alone, or with the addition of quinine. Another salt of zinc, the valerianate, is of especial use; it is suited to cases of a less acute type than to require the sulphate, and to those by no means infrequent instances in which the attack has with it some of the characters of hysteria.

Iron in Chorea.—Next to the salts of zinc, and often to be preferred to them, come those of iron. Where there is evident anæmia iron in some shape should be given from the first. Zinc does best with florid children, iron with the pallid; zinc when the symptoms are acute, iron when they are chronic. I have met with good results from the syrup of the bromide; and the valerianate, like that of zinc, may occasionally be resorted to. In the more lasting and slighter forms of the disorder, where perhaps an occasional twitch or grimace or some awkwardness in the limbs is its only sign, arsenic, as a nerve tonic, in small and long-continued doses, is often of service; and a similar statement may be somewhat more emphatically made with regard to strychnia, particularly if this alkaloid be given together with iron. Thus, for the slighter and more lasting forms of the disorder, the pharmaceutical remedies are iron, arsenic, and strychnia; often iron together with one of the others. Strychnia, like iron, may be advantageously given as bromide in the liquor strychniæ bromidi.

The smaller shapes or lingering remains of chorea call, as a rule, for general tonics; and among such perhaps the most effective is change of air. There is, indeed, no disorder in which a temporary exchange of town for the country or the sea is more decidedly curative.

Where chorea is much mixed with hysteria, as we sometimes see in developing girls, the treatment must be correspondingly modified. Electricity and shower-baths are sometimes in these circumstances useful adjuncts, though with simple chorea such agitating measures could scarcely fail to be mischievous.

Regulated movements, as drilling or dancing, have been recommended. I have often suggested dancing, and thought it did good. The history, indeed, of the epidemics of dancing mania, which have been credulously traced to the bite of the tarantula, or oddly associated with the name of the Baptist (Herodias appears to have been the means of associating, in mediæval fancy, a profane amusement with the fame of that austere moralist), supplies many striking illustrations of the influence exerted upon the voluntary muscles by rhythmical sounds; not that the dancing epidemics were what we now know as chorea; they were more allied to hysteria.

I have mentioned only means of treatment which have been found to be or thought to be useful. I could make out a long catalogue of drugs which have been tried and abandoned. Belladonna has been liberally given without effect. The late Dr. Fuller gave to a child with chorea eighty-four grains a day of the extract, of which the purity was ascertained, and the remedy was not destructive either to the disease or the patient. I have used Calabar bean and conia without being able to refer any beneficial result to them; and although I have seen children improve under codeia, I have not been able to assure myself that they would not have done equally well without it.

The Value of the Binder.—Dr. J. Hyde Houghton, M.R.C.S., writes to the British Medical Journal:

"Initiated in midwifery by my late lamented friend, Dr. Edward Rigby, I was early taught the importance of the "binder" as a means of preventing *post partum* hemorrhage; and through a period of nearly

thirty-three years, during greater part of which I have had a very extensive midwifery practice, I have only had one fatal case in my own practice. In every case I myself carefully bandaged the patient as tightly as possible, with a shawl or large towel, in which I generally wrapped a book to form a pad over the uterus, with the best results, though I had then sometimes to deal with cases of hemorrhage.

"In the year 1861, however, I was engaged to attend one of the largest women I ever saw. She was tall, and immensely stout. The labor was natural, but rather tedious; and after it was over violent hemorrhage set in. Here any ordinary binder was useless, and to grasp the uterus through the parietes was impossible, from the immense quantity of fat on the walls of the abdomen. I had the advantage of the advice of my old friend, Mr. S. D. Fereday, and all the means which we could devise were used without effect. We watched her for some hours, a certain quantity of draining going on in spite of our efforts, and we anticipated a certainly fatal issue. Where art had failed, however, nature came to her assistance, and she ultimately recovered.

"In the following year I was again asked to attend her, and was called to see her one Sunday morning. I had a most lively recollection of her last labor, and a firm reliance on the binder, and was determined, if possible, to bring one to bear on her huge abdomen; so I went to a saddler who lived near, and there extemporized a binder. It consisted of an oval piece of the strongest "butt leather" he had, ten inches long, by eight wide, to each side of which a strong strap (nearly as strong as stirrup-straps) with buckle, was attached. With this I was able to attain some degree of pressure. Suffice it to say the labor went on well, and no flooding took place.

"For some time afterward I took my "binder" with me only when I had to attend stout persons; but I soon found that the comfort of it was so great, and the advantages so signal, that I began to take it with me to every patient I attended, and have continued to do so for the last eight or nine years, *and during that period I have not had a single case of hemorrhage that has given me the slightest anxiety.*"

"This is the practical fact I wish to bring forward: I apply the bandage gently before the child is born. I make the nurse press on the pad during the expulsion of the child. I then tighten the bandage pretty firmly; and after the expulsion of the placenta, which is rarely long delayed, I again tighten it as firmly as the patient can comfortably bear. It is very rarely necessary to do more; but if the pains be sluggish or infrequent, and if pressure by the binder does not increase them, I give a dose of ergot just before the child is born.—*Philadelphia Reporter.*

Cleanliness in Surgery.—A. B. Crosby, M. D., in Archives of Clinical Surgery, says:

"Theoretically and in the vast majority of cases *de facto* sepsis can be prevented by an absolute and comprehensive attention to the laws of cleanliness.

"Given that sepsis has occurred in a given case, absolute cleanliness will prevent its extension to other cases, and will stamp it out. Cleanliness is then the lost art which we are to restore to surgery. The success of Mr. Lister with his so-called antiseptic method is known the world over; but all observers agree that Mr. Lister's method, independent of carbolic acid, involves an attention to the details of cleanliness almost miraculous, and his results correspond. In fact, Mr. Lister's method has been adopted by others with a substitution of pure water in the place of carbolic acid, and again God-given cleanliness has won the crown. I think, then, I am justified in saying that sepsis in a hospital is a crime. And as one bad man in a neighborhood may infect many others, so a little leaven of sepsis in a ward will soon leaven the whole lump; and as the statute law demands the execution of the criminal, so the sanitary law demands the destruction of the septic poison. The statute law is designed to and undoubtedly does repress crime, and so sanitary law is especially valuable in the way of prophylaxis.

"An observance of all the laws of absolute cleanliness about wounds is the great prophylactic against sepsis. Carbolic acid used in a weak form freely certainly possesses a remarkable power in preventing putrefactive changes; but, putrefaction once having occurred, it is far inferior to permanganate of potash, the chlorinated washes, and other agents, which by rapid chemical changes immediately destroy both poison and odor.

"Sanitarians have been disappointed that hitherto the thorough disinfection of wards and beds has not stayed the fatal course of sepsis. But these gentlemen have overlooked the fact that such disinfection is only one product among many that go to make up the sum of absolute cleanliness. This, together with thorough disinfection of nurses, internes, surgeons, and all appliances about the patient, form a chain which is worthless if one link is missing. I esteem the disinfection of wards and beds of the utmost importance, but they are useless if all other details of cleanliness are not enforced at the same time."

Cure of Piles by Puncture with Cautery.—Dr. H. A. Rieves, in the Lancet of February 17th, describes a method by which in eighteen cases he made a radical cure of piles by puncture with the actual cautery. Two or three punctures are made with the pointed cautery, and the bowels are kept quiet with morphine for a time.